



AMBULATORY CARE SURGERY RECORD

DATE (dd/mm/yy) _____ / _____ / _____

Times	Patient In	Surgery Start	Surgery Stop	Patient Out

Diagnosis _____

Procedure _____

Anesthetic Local No Anesthesia Block IV Sedation

Medications **[Please Circle and Check all that apply]**

[1% 2%] Xylocaine [with without] Epinephrine 1:100,000

Marcaine [0.25% 0.50% 0.75%] _____ mls

Other: _____

Is an anesthetic used (excluding local) ? Y N

Is the procedure a flap, graft, or reconstruction? Y N

Does the procedure involve muscle, tendon or, bone? Y N

If the answer is 'Y' to any of the above please ensure that the patient is registered as a Surgical Day Care patient with a GU account number.

Signature/Status: _____